



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH CRAWFORDSVILLE

City of Hospital: Crawfordsville

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: David Ostheimer

Email Address: david.ostheimer@franciscanalliance.org

Medicare Provider Number: 15022

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32546438
Outpatient Patient Service Revenue	\$184341209
Total Gross Patient Service Revenue	\$216887647

2. Deductions From Revenue

Contractual Allowance	\$143733971
Other Deductions	\$10085311
Total Deductions	\$153819282

3. Total Operating Revenue

Net Patient Service Revenue	\$63068365
Other Operating Revenue	\$731632
Total Operating Revenue	\$63799997

4. Operating Expenses

Salaries and Wages	\$18482405	Employee Benefits	\$4851193
Depreciation and Amortization	\$4132467	Interest Expense	\$1297780
Bad Debt	\$1010813	Other Expenses	\$27941498
Total Operating Expenses	\$57716156		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6083841	Total Assets	\$49450205
Net Non-operating Gains over Loss	\$44950	Total Liabilities	\$3201273

Total Net Gains	\$6128791
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$116975301	\$92031513	\$24943788
Medicaid	\$30000680	\$23192201	\$6808479
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$69911666	\$38595568	\$31316098
Total	\$216887647	\$153819282	\$63068365

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$18283	\$-18283

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$14415	\$-14415
Hospital Patients	\$0	\$0	\$0
Community Education	\$4650	\$339686	\$-335036

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	890

Statement Six: Charity Statement

Hospital Charity Charges	\$10085311
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2331379	
HCI Payments	\$0		
Subtotal	\$0	\$2331379	\$-2331379
Medicaid Shortfalls	\$7152946	\$11774301	
Subtotal	\$7152946	\$14105680	\$-6952734
DSH Payments	\$0		
Subtotal	\$7152946	\$14105680	\$-6952734
Medicare Shortfalls	\$25323467	\$35181179	
Other Government Programs	\$0	\$0	
Total	\$32476413	\$49286859	\$-16810446

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$2670459	\$7445224	\$-4774765

Comments

//